



Pre-K

Student Application for 20 ____ / 20 ____ School Year

Requirements

*Children must be at least 4 years old by August 1. Children who will be 5 years old by September 1 are encouraged to apply for our kindergarten program.

*Children MUST be fully potty-trained to be accepted into our program.

AM Half-day program- age 4 (Tuesday/Thursday 8:30am-11:00am)

Student Name: first, middle, last

Date of Birth: _____ Gender: Male _____ Female _____

Home Address: _____

Parent Information:

Father / Guardian Name _____

Phone Number : _____ Email: _____

Mother / Guardian Name _____

Phone Number : _____ Email: _____

Step Parent(s) Name _____

Phone Number : _____ Email: _____

Resides with: _____ Both Parents _____ Father _____ Mother _____ Other

Student Name: first, middle, last _____

Educational Background:

School District of Residence _____

Name(s) of ALL pre-school programs previously attended: _____

Has your child ever been removed from a school/program? If yes, please explain the circumstances:

Has your child ever had an IEP or 504 plan? _____ If yes, please explain further:

Has your child ever been diagnosed with or exhibit symptoms of any of the following:

<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Oppositional Defiant Disorder (ODD)
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Depression and / or extreme anxiety
<input type="checkbox"/>	Physically handicap	<input type="checkbox"/>	Asperger's Syndrome
<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	Emotional Disturbances
<input type="checkbox"/>	Obsessive Compulsive Disorder (OCD)	<input type="checkbox"/>	Behavioral Disorder
<input type="checkbox"/>	Dyslexia, Dysgraphia, or Dyscalculia	<input type="checkbox"/>	Brain Injury
<input type="checkbox"/>	Speech or Language Issues	<input type="checkbox"/>	Attention Deficit Disorder (ADD)
<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>	Attention Deficit Disorder with hyperactivity (ADHD)

Please comment on any checked diagnosis' from above:

Does your child have any special needs or accommodations that we should know about to help facilitate learning for him/her? If yes, please explain.

What are your child's strengths, weaknesses, and fears?

List specific interests, sports or favorite activities/games/types of play:

Student Name: first, middle, last _____

Social and Emotional Development

	Not Yet	With Support	Most of the Time	Always
Demonstrates affection and empathy toward others				
Exhibits impulse control (Example: uses appropriate words or actions when a toy is taken away)				
Able to resolve conflict with other children				
Able to follow simple directions				

Do you have any concerns with your child's social, emotional, or physical development?

How well does your child interact with other children?

Parent Signature _____ **Date** _____

***Please return the completed student AND family application along with a non-refundable \$50 application fee per student to: Crossroads Community Homeschool PO Box 414 Reamstown, PA 17567 (Make checks payable to "Crossroads Community Homeschool".) We do not accept email applications at this time.*

- Crossroads Admissions does not discriminate on the basis of race, gender, nationality, ethnic origin, family status, parental employment or association with a board member or employee. However, Crossroads is an independent, tax exempt 501(c)(3) education led by a board of trustees. As such, we reserve the right to make admissions on the basis of religious commitment of faith.
- Please fill out all forms. Incomplete forms will not be accepted.
- Please note Crossroads is not equipped to meet the needs of students with moderate to severe learning, emotional, or behavioral difficulties.
- **Completion of application does not guarantee acceptance into Crossroads.** Admission to the program is subject to a family/student interview, student assessment, and current program openings.

Office use only	Date received	Check Number
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